

DCF Interim Reunification Policy Guidance

Effective: May 28, 2021

The purpose of this guidance is to provide clear expectations on reunification decision making including:

- What the process towards reunification should look like
- What is required when a child is in out-of-home placement
- What is required for the three-step process of: deciding to reunify, developing a reunification plan and post-reunification follow-up

Reunification is a Process That Occurs Over Time¹

Our work towards successful reunification begins before a child even enters care. We are exploring potential caregivers and supports anytime we work with a family. If family separation becomes necessary to keep a child safe, our work to successfully reunify the family begins immediately. Our work towards reunification involves gathering information from multiple sources that informs our understanding of a parent or caregiver's progress towards providing a safe environment for their children, including safety and risk present in a family. It is common for clinical challenges to arise as we work towards reunification, like the birth of a new child, a new partner moving into the home or a caregiver relapsing. These challenges are expected and are opportunities for readjusting our plan and goals through team decision making.

The period of time when a child transitions home is one of heightened risk and stress for both children and parents. Transitions involve adjusting to new routines, challenges, and feelings for both a parent and a child. It's important to continuously assess child safety and risk during this time, paying special attention to a child's vulnerability and factors that can increase stress.

Factors That Influence a Child's Vulnerability

These are conditions resulting in a child's inability to self-protect. They need to be at the forefront of every interaction we have with a family:

- Child is age 0–5.
- Child has limited verbal capacity, a diagnosed or suspected medical or mental condition, including medically fragile children.
- Child has limited visibility in the community or no readily accessible support network.

Factors That Can Increase Stress During and After Reunification

- Parent or caregiver has a history of physically abusing a child.
- Housing, transportation, or financial instability/unemployment.
- Limited support system and connection to others.
- Children with complex medical, developmental or behavioral needs.
- Large sibling groups transitioning home at the same time, including multiple children under 5.
- New household member or caregiver in the home.
- Reunification between two parental households.
- New or changing providers resulting in parents having to build new relationships.
- Parent is in a new relationship.

¹ **A Note on Implicit Bias and Decision-making:** Every person and every system exercise bias implicitly in different situations. In child welfare, our biases may lead us to believe all families should be just like our families. As social workers, we must understand how our biases may impact our interactions and decisions about families. Because we may not be aware of our biases, we need to actively challenge ourselves, make evaluations on a case-by-case basis, and find ways to check our pre-reflective assumptions. This allows us to focus on safety and what is truly in the best interest of the child. This mode of thinking is not the most natural for our brains to process, so we must make conscious decisions after reflecting during each step of our decision-making on a case.

This guidance summarizes and emphasizes key practice points found in the following policies and guidance: Family Assessment and Action Planning Policy, Permanency Planning Policy, Supervision Policy, Interim Policy on Required Contacts with Children and Families, and Guidance on Clinical Case Planning for In-Person Family Time. This guidance also mentions the terms safety², danger³ and risk⁴, which are defined in the footnotes.

Laying the Framework for Long Term Reunification Success

When a child enters care, there are concrete things we can do to ensure future reunification success. Facilitating placement stability and meaningful parent-child interactions are two key indicators for reunification success. Communicating clearly with parents in a timely manner about what conditions need to change and how they can work towards this provides parents with a roadmap for success. It also provides us with an understanding early on about what services will be necessary to support a successful reunification.

Placement Stability

Kinship First

When family separation is necessary to ensure child safety, it's critical to work with children and parents to explore potential kinship caregivers immediately. Family separation is less traumatic if children can be placed with someone they know and are familiar with. Kinship placements also typically lead to better placement stability and timelier reunification. Immediate kinship placement requires a coordinated effort across multiple units and sometimes offices.

First Placement, Best Placement

If we are unable to locate an immediate kinship placement at the time of separation, we should take time to purposefully match a child to a foster home that is best able to meet their unique needs. Placement moves can increase stress and trauma for children, so the more purposeful we are in matching, the more stable a placement will be and the less transitions a child will experience. Even in an emergency situation, we need to take time to ask children and parents about the child's needs and wishes and communicate this information to foster parents.

Frequent Opportunities for Parent Child Contact and Family Time

Within 24-48 hours of a child entering care, we need to ensure children and parents have an opportunity to talk to each other. Virtual contact is a good way for children and parents to connect with one another shortly after removal and should occur frequently while the child remains in care. Foster parents and kinship caregivers can facilitate this contact, but it is important that we prepare and support caregivers ahead of time.

Within 5 working days of removal, parents and children need to have their first Family Time visit. Family Time is meaningful and frequent contact and connection between children and youth in placement and their families. This means thinking differently about the frequency of visits, where the visits occur, and who supervises them. Family Time can occur when the parent and/or family participates in normal parenting activities, such as sharing meals, medical appointments and school events. Ideally, it should occur in the parent's home, the kinship or foster family home, or in the community. The frequency, duration and intensity of "family time" takes into account the needs of children, depending upon their age and stage of development, and the capacities of parents to share

² Safety: A condition in which a caregiver actions or behaviors protect a child from harm.

³ Danger: A condition in which a caregiver's actions or behaviors have resulted in harm to a child or may result in harm to a child in the immediate future.

⁴ Risk: The potential for future harm to a child.

parenting roles with resource families. We need to assess what safety precautions and conditions should be present for Family Time to occur in the most natural setting possible for children.

When safe to do so, Family Time is intended to gradually progress into more frequent contact over time, including unsupervised contact as parenting ability and available parenting supports improve. This is intended to not only provide children and parents with more meaningful opportunities to connect, but to also help prepare a parent for the transition back to a full-time caregiving role, helping us to meet our obligation to make reasonable efforts towards the goal of reunification.

Not all Family Time needs to be supervised by us, but there are times where our supervision and observations of Family Time can further our understanding of the parent-child relationship and a family's progress towards reunification. Family Resource and Ongoing Social Workers need to work together to prepare and support kinship and foster parents when hosting Family Time. Social workers should help kinship and foster parents with planning and preparation and answer any questions they may have.

**Completing or
Updating the
Family
Assessment and
Action Plan**

At the time of separation and shortly after, you should meet with the parents to communicate clearly about the reasons for removal and develop a shared understanding of the conditions that need to change and the capacities that need to be developed before reunification can occur. This is part of our obligation to make reasonable efforts towards reunification. Our understanding of the family's history, the safety issues that led to removal, the child's needs, the parent's capacities and the risk level present in a case should inform and drive our assessment and actionable goals for the family.

Within 30 working days, the Interim Action Plan must be updated and shared with parents with the following:

- the Family Time plan for both parents;
- an explanation of why the child came into placement;
- if siblings are not placed together, why not;
- the sibling visitation schedule if siblings are not placed together;
- whether the placement is with kin, or if not, what efforts were made to locate kin, including to whom written notification was sent;
- if both parents are not known, efforts to locate the second parent;
- the plan for visitation with grandparent(s) and/or other kin (when relevant);
- whether the school-age child will remain in the school of origin and what options have been considered with the Local Education Agency (LEA) to determine and support the child's educational best interest;
- specific demographic and other details regarding the child (ICWA status or tribal affiliation, race/culture, placement history, health and education information).

Initial Placement Reviews

Initial Placement Reviews are one of our first opportunities to formally meet with parents to discuss what conditions have changed since the child entered care and which conditions still need to change. This meeting provides everyone with an opportunity to understand what is expected of them. This is also an important check in point for you and your supervisor to discuss viability of reunification, what

reasonable efforts have been made towards reunification and what reasonable efforts need to be made.

**Routine
Contacts with
Children,
Families, and
Collaterals**

Monthly in-person contact is a requirement for all open cases. The frequency of contact required is based on safety concerns and risk factors present in a case. In-person contacts must include contact with each child in the case, the child's caregiver and the child's parents and other adults that are part of the parent's household. Virtual contacts can support your work with children and families but cannot replace in-person contact.

It's important to plan out your contact ahead of time. Think about the specific things you want to ask the family and what things you need to be on the lookout for during your contact specific to that family.

Review the Case Before You Make Contacts:

Monthly contacts are an opportunity to follow up on information we learned during our last contact or in between visits from the family or other sources. You will want to review the following:

- Previous dictation
- Family's Risk Assessment and your understanding of the risk in the case
- The family's Assessment and Action Plan
- Any new intakes/responses to the home

Talk to Collaterals Regularly to Inform Contacts with Children and Parents

Collaterals include family members, service providers, educators, probation officers, state agency service providers, and more. Everyone who works with the family or sees the family regularly has helpful information that can further inform our understanding of a family and progress towards reunification. The frequency at which you contact collaterals depends on the type of collateral you are contacting and the information you are looking for. Our contacts with families should inform the content of collateral contacts, and collateral contacts should inform the content of contacts with children and parents. Gather clear information from families and collaterals about how often they're working with each other and where contact occurs (in person, at their office, virtually). Contact collaterals regularly, and if possible, arrange for different collaterals to be on a call together.

When contacting service providers working directly with parents: Clearly state the Department's worries and concerns. Service providers do not necessarily look at a family through a "protective lens". Asking them if they have "protective concerns" will not necessarily get you the information that you're looking for. Be specific so that they know our concerns and can add their specific observations to our assessment of safety and risk. If services are being delivered in the home, ask about who was present, how the home looked, how the parent presented and engaged in the service and other observations that can deepen our understanding of a family's functioning and capacity to safely parent their children.

Some collaterals will require a release of information to be signed and we should work with parents to obtain and maintain releases. If a parent or caregiver will not sign a release, you should talk to your supervisor and consult legal, who can assist in providing strategies to obtain this information.

Develop a Plan for Making Contact

The case review and information from collaterals should add to your understanding of the family and guide the purpose of your contact. Reflecting on information gathered as you prepare to make a contact, ask yourself:

- What are the reasons we are involved with this family?
- What do we plan to accomplish during the visit? (e.g. updated assessment of child safety, review of risk factors in the case, addressing service compliance and progress, completing FAAP, reviewing court recommendations.)
- What are the danger indicators that are present?
- What are the risk factors in this case?
- What are the discrepancies in our understanding of the family? What discrepancies exist between providers regarding safety, risk, and progress in the case? For example, a parent informs us that they are maintaining their sobriety, but a service provider informs us of their concern about relapse.
- What are you worried about on this case? What are others serving the family worried about?

Contacts with Children and their Caregivers

The primary purpose of our contacts with children is to ensure that they are safe and that their needs are being met. Remember, child safety is something we assess even when a child is in placement. This means asking them open-ended questions and talking to them in a place that is private. Children can often give us a good window into what's happening in the household and in their interactions with their parents. Be mindful of a child's age and adjust your questions to meet their developmental age.

Topics to cover in every contact with a child include but are not limited to:

- **The child's feelings:** e.g. Ask how they are feeling and why they are feeling that way? What does the child worry about?
- **The child's physical safety:** e.g. Ask if they feel safe? How they are disciplined? Do they have any injuries and if yes, what happened?
- **Who the child can talk to about their safety:** e.g. Who can the child talk to if they are feeling unsafe or are being hurt by someone? Let the child know they can also talk to you about this.
- **The child's needs:** e.g. Are they going to school? What are they learning?
- **Routines in the home:** e.g. What do they eat? Who makes it for them?
- **Their health:** e.g. If they have a medical condition, are they taking their medication? Who gives it to them? Have they been to the doctor lately?
- **Relationships:** e.g. How is Family Time going? What are activities they do during Family Time? How are they getting along with their parents and their siblings?

Talking to a child's caregiver can give us insight into the child's functioning, their needs and the caregiver's capacity to meet their needs. We should ask questions about their medical, behavioral, developmental and educational needs. This is a good time to check in about how Family Time and virtual contacts with the parents are going. Remember our interactions with foster parents, kinship caregivers and providers should be an exchange of information, where we gather information but also share important information about the child and the case. This can also be opportunity to problem solve and address any issues that may be arising.

Observations of Children

Our contacts with children are as much about the conversation as they are about observations. Is the child scared to talk to you? Do they appear to have been coached or looking to someone for answers when talking to you? Are they developmentally the same as when you last saw them? How are they dressed and is it appropriate for the season? Do they appear clean and well cared for? For non-verbal children, let caregivers know you need to see the child. Give special consideration to children with disabilities, especially if their verbal capacities are limited. Utilize interpreter services (ex. ASL) for children who require them. Make sure to look for injuries.

Contacts with Parents and Observing the Home Environment

During your contact, you should ask parents questions related to their Action Plan. This includes following up on safety issues that were identified in previous visits and addressing any discrepancies gathered from parents or collaterals. Remember, the information a parent provides you is just one source of information that helps us understand how a family is functioning. It can have some limitations we need to be mindful of. For example, it is not uncommon for parents to be reluctant to share information or be completely open with us. To develop a better understanding of a family, you should explore caregiver's parental capacities through the Protective Factors framework. Observing the condition of the home and talking to all members of a household is also required. Make sure to ask to see and speak to each member of the family during your visit and ask if anyone new has joined their household. Ask to see sleeping arrangements, kitchens, or other areas of the home.

Review Case with Supervisor Regularly

You can review cases with your supervisor whenever needed, but you are required to discuss the case at least once a month in supervision. You should present all the information gathered throughout the month, the family's risk assessment, their Action Plan and Goals and your assessment of the family. Together, you and your supervisor decide what the clinical formulation for a family is and if the Action Plan has goals that accurately reflect our understanding of the family, their needs, and the direction of the case. Remember, families are not static, and their dynamics change over time - our assessments should reflect this.

Things you should discuss with your Supervisor during supervision:

- Have your worries about the family changed?
- Are there specific observable behaviors that raise concerns about the caregivers functioning or the safety of the children?
- What are the factors contributing to risk and danger in the home?
- What are the areas of strength for the parents/caregivers?
- What are the areas of high need for the parents/caregivers to build their parental capacities?
- Are there specific, observable behavioral changes that parents/caregivers need to make?
- What do we need to see in order to safely reunify?
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Cases should be elevated for Manager Review When:

- There is disagreement between a social worker, supervisor, or a collateral on case direction, especially as it relates to whether a child can safely remain in a placement.

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- Conflicting information comes from collaterals, professionals, and/or family members, especially as it relates to child safety or well-being.
 - There is increased danger or risk to a child in DCF care
 - There are special considerations related to the child's vulnerabilities that require specialized knowledge or expertise to address.
 - The Social Worker or Supervisor has a concern about worker safety

Reunification Decision-making and Planning for Transitions

Planning and decision-making around reunification should start in the early stages of a case, not just in the weeks leading up to a transition home. Remember that reunification is process that occurs over a period of time, not a onetime event. This section will guide you through the continuous assessment and decision making that leads up to a successful reunification.

Foster Care Reviews, Permanency Planning Conferences and Permanency Hearing

These meetings are opportunities where people come together to discuss and plan case direction. This is an important opportunity to emphasize the conditions that have changed or need to change in order for a family to successfully reunify. This is also an opportunity to provide clear information to the court about changes made and changes needed to provide safety, reduce risks, and improve parental capacity. In preparing, you will want to think about the following:

- What are the reasons the child is in care? What are the issues impacting child safety? What is the risk level present in the case?
- The child's needs, how their current placement is meeting those needs, efforts to locate kin or place siblings together, the child's feelings about reunification
- Family's Time plan: Is Family Time occurring frequently and in natural settings other than a DCF office? What observations have been made about parent-child interaction? How is the progression to unsupervised Family Time going?
- What components need to be included or updated in the family's Action Plan? What services have been put in place and which services need to be put in place? What information have collaterals provided?

If you are newly assigned to a case or attending a meeting for another Social Worker, it's important to do this preparation in advance of the meeting. After the meeting, you and your Supervisor should discuss what items require follow up and what updates are needed to the family's Clinical Formulation and Action Plan.

Reunification Decision Making and Readiness Review

As a case progresses, you and your supervisor should discuss the viability of reunification and family's readiness for reunification as a part of supervision. One hundred and twenty days before a projected reunification date, you and your supervisor should have this structured discussion, which can help identify adjustments to Family Time or Action Plans that can facilitate a child's safe return home.

You and your supervisor should draw from multiple sources of information when discussing a family's readiness for reunification. These include but not limited to the family's Action Plan, input from collaterals/providers, consultation with DCF specialists and information from clinical reviews including the initial placement review and foster care reviews. The review should include discussions about the following areas:

- Risk Assessment

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- Family Time
 - Children's Readiness to Reunification
 - Family Dynamics and Home Environment
 - Child/Parent Vulnerabilities
 - Participation in Current Services and Plan for Services Post-Reunification
 - Formal and Informal Supports
 - Reunification Plan, including Transition to the Home
 - Post Reunification Plan that includes Continuous Assessment of Safety, Risk and Progress toward Closure

When making a recommendation for reunification, you and your supervisor should discuss and answer the specific questions below that assess the parents' understanding of and use of the five protective factors: Knowledge of Parenting and Child Development; Building Social and Emotional Competence of Children; Parental Resilience; Social Connections; and Concrete Supports in Times of Need. You and your supervisor should base your answers on parental progress towards observable changes, behaviors demonstrated during home visits and Family Time, and behaviors observed by collaterals. The risk re-assessment tool is a useful in guiding your discussion.

- 1) How have parents consistently demonstrated protective capacities – behavioral, emotional, and cognitive characteristic related to being protective. (i.e. sobriety, stable mental health, criminal legal involvement, acts of protection, increased parenting/coping skill, ability to access and use parenting supports effectively, etc.)
- 2) What are some concrete examples where parents have demonstrated their capacity to provide for the child(ren)'s basic needs?
- 3) How have the original safety issues been reduced or altered in way that safe parenting is now probable? Share examples where this has been evident in family time visits?
- 4) When presented with feedback from the Department and Providers, how do parents receive the information and incorporate it through their actions?
- 5) What are some examples where parents have presented as having an understanding of their child(ren)'s behavioral/developmental needs?
- 6) How often have visits occurred with little/no coaching from the Social Worker to ensure safety?
- 7) In their home life, in what ways have parents demonstrated stability that reflects progress made towards individual goals?
- 8) Note any differences among the clinical team or collaterals in the assessment of family's readiness and needs and identify how those different points of view are being integrated into the case direction.
- 9) Ensure that this discussion is documented in the record and reflects the plan to mitigate risk factors and to ensure child safety and well-being.

When considering these questions, you and your supervisor should consider not just whether progress has been made, but whether that progress is sufficient to determine that parents are able to safely care for their children on a full-time basis. From this discussion, you will plan potential amendments to the current Family Time plan, assess reunification readiness and make a recommendation.

Tri-Level Review

All reunification plans need to be approved by a manager and require a tri-level meeting (worker, supervisor, manager) to review the assessment of parental readiness, sufficient progress in parental capacities and the plan to ensure safety and well-being of children. You can utilize pre-existing meetings to conduct this tri-level review, like a previously scheduled supervision meeting. This review should include consideration of pre- and post-reunification activities. If there are any changes in the status of the family before or after reunification, social workers should bring this information to their supervisors for further review. The review and outcome is documented by manager. Following the review, you should let the DCF attorney know about the plan for reunification.

If there is disagreement about reunification, either with the clinical team or with others involved with the family about the reunification plan, then a meeting should be convened with the DCF attorney and ACM, as well as the clinical team and relevant DCF specialists. Any providers who disagree with the plan should be included as well. This meeting should involve further discussion about the safety and clinical concerns, a plan to address them and a decision to continue or discontinue the reunification plan or to modify it. The ACM documents the meeting.

Implement the Reunification Plan and Supports

Reunification planning should be a thoughtful and collaborative process with DCF staff, children, parents, placement providers, service providers and family members who will be supporting the family. The reunification plan takes into consideration the individual needs of the child and caregiver, outlines the pre-and-post reunification caregiver expectations and concrete services or supports needed for success.

The reunification plan ideally includes in-home service delivery when the parents and children are together, either during Family Time visits or during a transition visit home. This will help replicate for the parents what service delivery and support will feel like when the children return home. This also ensures there are no gaps in service delivery when the children return home full time.

Reunification planning includes helping parents identify natural supports from their friends, family, or community who will be available to assist the family during transition and after reunification. Planning should make sure to include:

- Understanding of the child's routine, medical and behavioral needs and educational needs
- Continuity of services for the child as they transition home
- Safety of the home including sleeping arrangements
- Concrete supports the family may need
- Continuity of the parent's services including additional services as the child transitions home
- Plan for progressing from overnight visits to the child reunifying

Updated Action Plan's should be provided to parents in a timely manner so that they understand the conditions that need to be maintained for a safe and successful reunification.

**Post
Reunification
Contacts with
Children,
Parents and
Collaterals**

Every interaction you have with the family is an opportunity to observe and gather information, to assess the immediate safety of children in the home and a parent's capacity and functioning. Maintaining ongoing contact with parents and children after reunification on a weekly basis is critical to safe and successful reunification. Contacts should be a mix of in-person and virtual contacts (including announced and unannounced visits), phone calls, and emails. You and your supervisor need to develop a plan for contact that is specific to each case and the unique needs to the family.

Observing Children and Parents Together

At home visits, you should spend time observing the family as a unit. The social worker reviews the transition activities included in the Action Plan with the parents and discusses what routines have looked like since reunification, including any challenges or needs that have arisen as a result. This includes discussing sleep routines, meals, discipline, medical needs, and educational needs. Transitions can be a stressful time for parents, as they assume full time caregiving of their children. It is important to ask about stress and how they are coping with it. The social worker and parents should update the transition plan as needed.

The social worker also takes time to talk to children individually and privately about how reunification is going. This is a good opportunity to gather information about what the day-to-day activities look like in the home and how the child is feeling about them. The Social Worker asks questions about school, meals, routines, discipline, etc.

Collateral Contacts

Maintaining ongoing contact with collaterals after reunification is also critical to safe and successful reunification. This includes service providers, support and stabilization services, and other formal and informal supports. Contacting service providers is an expected step to gather information about how the transition home is going. It is important to ask open ended questions that provide insight into their observations in the home.

Information shared by children and families after reunification needs to be verified through contact with service providers and natural supports. Corroborating and confirming the self-reported information from parents increases child safety. When collaterals indicate that the family has been inconsistent or has stopped engaging in services, you should immediately follow up with the family to determine what happened and discuss the case with your supervisor and manager.

**Monthly
Supervision**

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- What are the areas of high need for the parents/caregivers to build their parental capacities?
- Are there specific, observable behavioral changes that parents/caregivers need to make?
- What do we need to see in order to safely reunify?

Cases should be elevated for Post Reunification Manager Review When:

- When there is disagreement between a social worker, supervisor, or a collateral on case direction, especially as it relates to whether a child can safely remain in the home or in a placement.
- Conflicting information comes from collaterals, professionals, and/or family members, especially as it relates to child safety or well-being.
- There is increased danger or risk to a child in DCF care
- There are special considerations related to the child's vulnerabilities that require specialized knowledge or expertise to address.
- The Social Worker or Supervisor has a concern about worker safety